



Serving the People of California

## REPORT OF NEW EMPLOYEE(S)

See detailed instructions on page 2. Please type or print.  
NOTE: Report new employees within 20 days of start of work.



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DATE <div style="border: 1px solid black; padding: 2px;">L M M D D Y Y</div>		CA EMPLOYER ACCOUNT NO. <div style="border: 1px solid black; padding: 2px;">L</div>		BRANCH CODE <div style="border: 1px solid black; padding: 2px;"></div>		FEDERAL ID NO. <div style="border: 1px solid black; padding: 2px;">L</div>	
BUSINESS NAME				CONTACT PERSON		TELEPHONE NO.	
ADDRESS		STREET		CITY		STATE ZIP	

EMPLOYEE FIRST NAME	MI	EMPLOYEE LAST NAME
<div style="border: 1px solid black; padding: 2px;">L</div>	<div style="border: 1px solid black; padding: 2px;">L</div>	<div style="border: 1px solid black; padding: 2px;">L</div>
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		UNIT/APT
		<div style="border: 1px solid black; padding: 2px;">L</div>
		START-OF-WORK DATE
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## INSTRUCTIONS FOR COMPLETING THE REPORT OF NEW EMPLOYEE(S), DE 34

### WHO MUST BE REPORTED:

Federal law requires all employers to report to EDD within 20 days of start of work, employees who are newly hired or rehired. This information is used to assist state and county agencies in locating parents who are delinquent in their child support obligations.

An individual is considered a **new hire** on the first day in which he/she performs services for wages. An individual is considered a **rehire** if the employer/employee relationship has ended and the returning individual is required to submit a new W-4 form to the employer.

### WHAT MUST BE REPORTED ON THIS FORM:

#### Employer's:

- Business name and address
- Federal Employer Identification Number
- California Employer Account Number (Branch Code if applicable)
- Contact person's name and telephone number

#### Employee's:

- First name, middle initial, and last name
- Social Security Number
- Home address
- Start-of-work date (hire date)

### HOW TO COMPLETE THIS FORM:

If you use a typewriter or printer, ignore the boxes and type in UPPER CASE as shown. Do not use dashes or slashes.

EMPLOYEE FIRST NAME										MI	EMPLOYEE LAST NAME																		
I M O G E N E										A	S A M P L E																		
SOCIAL SECURITY NO.										STREET NO.					STREET NAME										UNIT/APT				
1 2 3 4 5 6 7 8 9										1 2 2 3					A N Y S T R E E T										3 1 2				

If you **must hand print this form**, write each letter or number in a separate box as shown. Do not use commas or periods.

EMPLOYEE FIRST NAME										MI	EMPLOYEE LAST NAME																		
I M O G E N E										A	S A M P L E																		
SOCIAL SECURITY NO.										STREET NO.					STREET NAME										UNIT/APT				
1 2 3 4 5 6 7 8 9										1 2 2 3					A N Y S T R E E T										3 1 2				

### ADDITIONAL INFORMATION:

To obtain information for submitting Reports of New Employee(s) on magnetic media, call (916) 654-6845.

If you have any questions concerning this reporting requirement, please contact your local Employment Tax Customer Service Office (ETCSO) listed in your local telephone directory in the State Government section under "Employment Development Department."

To obtain additional DE 34s, contact:

- Your local ETCSO;
- The EDD Home Page at <http://www.edd.cahwnet.gov>; or
- Telephone (916) 322-2835 for 25 or more forms.

An inquiry line (916) 657-0529 has been established to provide information about this reporting requirement. A customer service representative will be available to assist you during normal business hours.

### HOW TO REPORT:

Please record the information in the spaces provided and mail to the following address or fax to (916) 653-5214.

**EMPLOYMENT DEVELOPMENT DEPARTMENT**  
**P. O. Box 997016, MIC 23**  
**West Sacramento, CA 95799-7016**